



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: "**General Treasurer State of Rhode Island**" – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.

Facility Name & Address: AZ CCA Central Registry Please indicate if subsequent
 PO Box 6123 MD 85B1
 Phoenix, AZ 85005

Facility E-mail address: ccacentalregistry@azdes.gov Facility Phone #: (602) 679-2021

Please indicate: Prospective Childcare operator or employee Foster Care provider
 Non-DCYF Adoption Employment Community Agency Volunteers who have
 supervisory authority over children without the presence of others Volunteer in a daycare
 setting Child Care and Community Agency Volunteers who **do not** have supervisory
 authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____
 information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I
 understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of
 this check may be used by the Department or the facility in determining my suitability for employment in a Child
 Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results or ninety
 (90) days after the date of this authorization appearing below. Any information released and/or received as a result
 of this consent shall not be further relayed in any way to any person or organization outside of the Department
 without additional consent except as provided by statute.

 Signature of Applicant Date of Birth Date of Authorization

 Last Name First Name Middle Maiden

Address _____
 # & Street City/Town State Zip Code

BACKGROUND CHECK RESULTS (to be completed by DCYF staff)

RICHIST: No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: Active Closed

 Investigation # Level Status

 Name Involvement Allegations

MASTERFILE:(Prior to 1984)

No prior Involvement